Trust Standard Operating Procedure	NHS University Hospitals Plymouth NHS Trust

Substantive Consultant Appointments SOP

Issue **Date**	Review Date	Version
July 2016	**Extended to February 2022**	**8.1**

Purpose

To clarify the guidelines on the recruitment process for substantive Consultant medical and dental staff.

Who should read this document?

All Managers involved in the recruitment of Consultants. To be read conjunction with the Recruitment and Selection Policy and the Safe Recruitment Standard Operating Procedure.

Key messages

- All vacancies must be formally approved before they are advertised.
- Prospective candidates must be subject to a fair and transparent selection process that is free from bias and discrimination.
- All successful candidates must meet the requirements of the NHS Employers Safe Recruitment Checks before they can be offered unconditional appointments.

Accountabilities

Production	Medical Workforce Manager
Review and approval	Medical Staff Panel
Ratification	Director of People
Dissemination	Medical Workforce Manager
Compliance	Medical Workforce Manager

Links to other policies and procedures

Recruitment and Selection Policy
Safe Recruitment Standard Operating Procedure
Criminal Records Disclosure – Standard Operating Procedure
–

Version History

5.1	Sept 2005	LNC updated in line with the new 2003 Consultant Contract
5.2	August 2009	Reformatted, EIA, Dissemination Plan and Checklist
5.3	August 2012	Minor amendments in line with new SOP format
6	September 2012	Review at MSP

7	February 2013	Minor amendment to sign off paperwork (re-arranging of signatures)
8	July 2016	Updated in line with revised Consultant recruitment paperwork.
8.1	October 2021	Extended to February 2022

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

1   Introduction

.   This standard operating procedure is designed to assist in the recruitment and selection of the highest calibre of candidate for the vacancy. In doing so, it takes account of the relevant legislation and guidance and other Trust policies and procedures. It also provides information on the NHS (Appointment of Consultants) Regulations – Good Practice Guidance - January 2005.

Advice on any aspect of this procedure or procedures relating to it, is available from the Medical Workforce Team.

2   Purpose, including legal or regulatory background

This document sets out the process for recruiting to a substantive Consultant post in line with the NHS (Appointment of Consultants) Regulations – Good Practice Guidance – January 2005.

Recruitment and selection procedures must comply with the Trust's Equality and Diversity Policy and the statutory provisions relating to employment in the Equality Act 2010. Please refer to the Recruitment Policy for further information.

3   Definitions

AAC – Appointments Advisory Committee

GMC – General Medical Council

CCT – Certificate of Completion of Training

HMSC – Hospital Medical Staff Committee

SMAG – Senior Medical Appointments Group

RSA – Regional Speciality Adviser

BMJ – British Medical Journal

4   Duties

4.1   The Service Line is responsible for preparing the Recruitment of Substantive Consultants paperwork which includes a job description, and person specification, on call requirement and indicative job plan.

4.2   A new Consultant post may change the existing working patterns of other consultants already in post, as these new Consultant posts may not have new trainee doctors to support them. Arrangements for trainee medical staff support must be made within the Service Line prior to the recruitment paperwork being submitted to the Executive Team for approval.

4.3   The plan job plan should identify 8.5 Direct Patient Care Sessions and 1.5Supporting Activities per week in accordance with the Job Plan Guidance.

4.4   Once the Service Line has completed the job description, person specification, on call requirement and job plan, they must send it to the Royal College for comment and the Care Group Manager for Clinical Services for approval. Financial approval must then be sought through a business case

which is submitted to the Executive Review Panel (ERP). Once an ERP number has been allocated, the recruitment paperwork should then be forwarded to the Medical Workforce Team.

4.5 The Medical Workforce Team will seek the authorisation of the Senior Medical Appointments Group (SMAG), the Medical Director and the Chief Executive or the Chief Operating Officer. Only once all of the authorisations have been given will the post be advertised.

4.6 A minimum of eight weeks notice of an Advisory Appointment Committee (AAC) must be given to ensure a Royal College representative can be secured to sit on the AAC Panel .

4.7 There is a statutory requirement that all Consultant posts are advertised in two professional and nationally distributed media i.e. BMJ) and NHS Jobs.

4.8 Service Lines will need to inform the Medical Workforce Team of their chosen selection process prior to advertisement, including whether the Service Line would like an "open day for informal visits rather than individual ad-hoc arrangements and whether candidates will be required to do a presentation prior to their interview.

4.9 The Medical Workforce Team will advise the successful shortlisted candidates by e-mail through NHS Jobs of the interview schedule.

4.10 The Medical Workforce Team will provide the AAC with an interview pack five working days before the AAC takes place.

5	Key Elements

5.1 Planning

a) For most consultant appointments (resulting either from service developments or normal retirements), detailed advanced planning of the recruitment process should be possible.

b) As such, the process must begin with a full planning exercise, which should identify a :-

   i. detailed selection process and timetable which may include a department open day, presentation;
   ii. job description;
   iii. person specification;
   iv. advertisement dates with names of nominated journals;
   v. closing date;
   vi. shortlisting dates;
   vii. interview date(s).

c) Once the selection process/timetable has been identified, there should be no departure from it. If a candidate is not able to attend because of other commitments, they will, unless there are exceptional circumstances, debar themselves from any further participation in the selection process.

The overall appointment plan with dates and times, together with the details of the selection process should be agreed between the Service Line and the Medical Workforce Team who will ensure thatall members of the Appointments Advisory Committee (AAC) are advised accordingly.

5.2 Job Design

At the time of drawing up the job description, the person specification should be finalised. Assistance will be available from the SMAG. The person specification and the shortlisting criteriawill be developed for each post and **must be consistent with each other**.

5.3 Shortlisting

a) Shortlisting is performed by at least 3 members of the AAC panel. All shortlisting must be undertaken via the online NHS Jobs system within 10 working days of the advert closing.

b) Applicants who meet the essential criteria set out in the person specification, may be ranked in order of preference having regard to the desirable criteria. In the event of a disagreement between the shortlisting members another opinion should be sought from other members of the AAC Panel e.g. Medical Director or Royal College representative.

c) The final shortlist will be submitted to the Regional Adviser by the Medical Workforce Team.

d) Once a shortlist has been agreed (including reserves), the selection process will proceed even if, in due course, some of the candidates withdraw.

Optimally there would be 4 names on the shortlist and 2 on the reserve list. The exact numbers in these different categories will depend on various factors including the number of applicants and the grouping of the shortlisting marks. If there is only one candidate per post, the Trust has the option to re-advertise carrying over the single candidate's application.

5.4. References

a) References will be sought by the Medical Workforce Team and will be given to the Chair of the AAC on the day of the interview.

b) Candidates should be advised that references, in addition to their nominated referees, may be sought from other individuals. For example:-

i. for SpRs, their current Educational Supervisor and/or Programme Director;
ii. for existing Consultants, their current Chief Executive and/or Medical Director.

c) Copies of the person specification will always be sent to referees.

d)   The candidate should not rely on a reference from a member of the AAC Panel.

5.5   The Selection Process

As indicated above, the details of the selection process should be identified at the planning stage.

Service Lines may wish to consider the following in addition to the AAC and must inform the Medical Workforce Team when submitting the advert if they intend to do so.

Pre-Shortlist - a shop window for applicants which is NOT part of the shortlisting process

Informal visits by candidates to view the hospital and its infrastructure. This may be formalised by specialities setting aside advertised times for presentations to potential applicants and/or meetings with the Service Line/prospective colleagues.

Alternatively this aspect could be part of an individual programme. Whatever system is used it must provide ample time with appropriate staff for the candidates to be satisfied that they have had an opportunity to learn what they wanted about the post. The process must also be consistent in providing this opportunity for all candidates.

Post-Shortlist - the start of the formal selection process

To include a selection from:

- Presentation - To be organised by the Service Line. Medical Workforce will inform candidates when inviting them to interview.
- Group work - Uniform topics of conversation with potential future colleagues both medical and non medical in a relaxed environment has been found to be helpful in determining motivation, interests, personality traits, etc. To be organised by the Service Line.
- Psychometric assessment. To be organised by Medical Workforce.

Interview - the formal Advisory Appointments Committee

Please note that interviews for substantive Consultant posts must be face to face.

The AAC should gather together 30 minutes before the formal interview for:-
- introductions
- confirmation of the job description and person specification, and explanation of any special requirements by the Service Line/Clinical Director
- agreement of a plan for the interviews
- agreement of areas of questioning for individual members
- identification of any particular areas for questioning which might arise from the shortlisting process
- format of the interview in accordance with AAC requirements

- receive formal feedback from the post-shortlist event above (if applicable) of selection process
- agree who will convey the decision made to the successful candidate
- agree who will provide feedback to unsuccessful candidates

5.6   Participation and Feedback in Selection Process

Participants in the selection process will be restricted as follows:-

a) Pre-Shortlist and Post-Shortlist

There will be no restriction on participation and discussion. However, only individuals who have undertaken recruitment and selection training will be invited to give feedback at the time of the AAC.

b) AAC

All panel members must have undertaken recruitment and selection training prior to attending an AAC.   External participants e.g. Royal College Assessors, will be advised at the AAC of the process to be followed and reminded of equal opportunities and other requirements.

5.7   Advisory Appointment Committee Panel

Panel members:

Trust Chairman or other non-executive director.

Royal College Advisor – nominated by relevant Royal College.

University representative – where deemed appropriate.

Professional Member(s) – to be nominated by Service Line/ Lead consultant.

Chief Executive or other Executive Director.

Medical Director or an Associate Medical Director/Care Group Director or Chairman of the HMSC.

All AACs must have the Chief Executive and the Medical Director on the panel. If both are unavailable, alternative dates must be sought. i.e. AAC's must not proceed with representatives for both the Chief Executive and Medical Director.

The Medical Workforce representative will issue the Candidate Assessment Forms at the AAC for panel members to record candidates responses to questions.   This will include responses to the pre-determined standard questions asked of all candidates, together with responses to any supplementary questions allowed at the discretion of the Chair.

The Candidate Assessment Forms will be collated by the Medical Workforce representative at the end of the AAC.

6   Overall Responsibility for the Document

The Director of People is responsible for ratifying this document. The Medical Workforce Manager has responsibility for the dissemination, implementation and review of this procedure.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

8 Dissemination and implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of People and for working within the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The responsibilities in this policy are legally enforceable and managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

Compliance with this policy will be monitored by the following:

i) adherence to NHS Safe Recruitment Checks as evidenced through agreed bi-monthly auditing by the Medical Workforce Team;

ii) bi-monthly auditing of a sample of recruitment files by the Workforce Development Team or Medical Workforce Manager to seek assurance of compliance with the recruitment process;

The above will be led by the Medical Workforce Manager with the results reported to the Director of People as required.

Plymouth Hospitals NHS Trust is required by the Equalities Act 2010 to monitor the protected characteristics of applicants for all vacancies, via the NHS Jobs website. Additional monitoring is undertaken on applications that are not submitted via NHS jobs. This informs the Trust as to how its Equality & Diversity Policy is working and whether recruitment practices are having a discriminatory effect.

Any issues identified, where non-compliance is identified, will be investigated and addressed by the Medical Workforce Manager. The actions taken to address the non-compliance will be reported to the HR and Organisational Development Committee.

10	References and Associate Documentation

The following sources of information are referred to in this policy, or provide additional reference material:

- Equality Act 2010

- NHS (Appointment of Consultants) Regulations – Good Practice Guidance - January 2005

- NHS Employers website – NHS Employment Check Standards

http://www.nhsemployers.org/your   -workforce/recruit/employment-checks/nhs-employment-check-standards

- The Recruitment of Substantive Consultants Paperwork

- Recruitment and Selection Policy

- Safe Recruitment Standard Operating Procedure

• Dissemination Plan	Appendix 1
Core Information	
Document Title	Substantive Consultant Appointment Standard Operating Procedure
Date Finalised	TBC
Dissemination Lead	Kimberly Spry
Previous Documents	
Previous document in use?	Substantive Consultant Appointment Standard Operating Procedure
Action to retrieve old copies.	Update staffnet and advertise of new policy to replace existing copy

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
All staff	July 2016	Email	Document Control	

Review and Approval Checklist | Appendix 2

Review

Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information

Manager	Kimberly Spry
Directorate	HR and OD
Date	24th June 2016
Title	Substantive Consultant Appointment Standard Operating Procedure
What are the aims, objectives & projected outcomes?	To ensure that the highest calibre candidates are recruited on merit and that the selection process is free from bias and discrimination,

Scope of the assessment

Collecting data

Race	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Consideration will need to be given to adjustments required to ensure the application process is accessible for all. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead, and data published as required by the Workforce Race Equality Standard and necessary actions are put in place.
Religion	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place..
Disability	There is potentially an impact on people with a disability. Consideration will need to be given to adjustments required to ensure the application process is accessible for all. The recruitment and selection standing operating procedure makes reference to reasonable adjustments and guaranteed interview schemes that are available as appropriate to disabled applicants. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place.
Sex	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place.
Gender Identity	NHS Jobs is currently unable to collect data for this area however, this will be monitored via feedback.
Sexual Orientation	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place.
Age	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place.

Socio-Economic	There is currently no data collected to show the impact in this area, however this will be monitored via feedback as appropriate. Consideration will need to be given to adjustments required to ensure the application process is accessible for all.
Human Rights	There is currently no data collected to show the impact in this area, however this will be monitored via feedback as appropriate.
What are the overall trends/patterns in the above data?	No trends or patterns identified at this stage. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead, published as required and necessary actions are put in place. Consideration will need to be given to adjustments required to ensure the application process is accessible for all.
Specific issues and data gaps that may need to be addressed through consultation or further research	Current monitoring has not identified any issues that need addressing. There is currently no data collected to monitor the impact on Gender Identity, Socio- Economic or Human Rights. This will be monitored via feedback.

Involving and consulting stakeholders

Internal involvement and consultation	The Medical Workforce Manager has updated the document and has consulted with key members of the LNC, HMSC and Executive body. This information will also be submitted to the Medical Staff Panel, Policy Sub Group (PSG) for comment and final ratification.

Impact Assessment

Overall assessment and analysis of the evidence	The recruitment and selection standing operating procedure makes reference to ensuring non-discriminatory practice throughout the recruitment and selection process. Analysis and audit is undertaken by the Trusts' Equality and Diversity Lead and necessary actions are put in place.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Monitoring of recruitment data on a regular basis	**Kimberly Spry**		**On-going**	**Action will be taken as and when required.**